Y Yes No K	et all three tests for	spouse or dependent child because they meet all three tests for	d" Income, or llabilities of a s mittee on Ethics.	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.
d Yes No X	Have you excluded	er "excepted trusts" need not be disclosed. Have you excluded	ee on Ethics and certain othe dent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" n from this report details of such a trust that benefits you, your spouse, or dependent child?
NS	E QUESTION	- ANSWER <u>BOTH</u> OF THESE QUESTIONS	T INFORMATION .	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO
	O COMPLETE	THAT YOU ARE REQUIRED TO COMPLETE	THE SCHEDULES 1	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARI
	S,	EDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ATTACH THE COR
Yes X No	n \$5,000 from a or years?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?		D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?
dar Yes No X	r arrangement with n the current calenc	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	\$ [C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?
ng? Yes No	ng the reporting xugh the date of filin	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No 🎉	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
		IONS)F THESE QUESTI	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 penaity sindividual who f	Period Covered: January 1,to	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Staff Fit Employing Office: Shared
OFFICE TO THE CLEFK OLD WES OF THE CLEFK	d.S. NOSEE G	Check If Amendment	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	New Member of or Candidate for State: 160 TVC/ U.S. House of Representatives District: 02 Candidates – Date of Election: 5/17/24
LEEKSLATIVE RESOURCE CENTER 2021 APR 21 AM 11: 47	2021 APR	one:	Daytime Telephone:	Name: William Compton
APR 10 2021	APR .	FORM B Candidates, and New Employees	FORM B For New Members, Candidates, and	UNITED STATES HOUSE OF REPRESENTATIVES
•				

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: William COMPTA

				•	ķ	.9	For by the state of the state o	For a	(to 5	exceeds and (b) Income	denti	>	
			-	Examples			For bank and other cash in all interest-beshing sci \$5,000, list every finencial more than \$1,000 in inten- to the public and other investment, provide a state. For an ownership intended the public boation in Bit of the business that is not public for the business that is not public boation in Bit of the public b	Il IRAs and () plans) provides account that the	Provice compare names of soci (do not use only ticker symbols).	caun of moon ding \$1,000 a (b) any other he which ge med" income	fy (a) each	ssets and	
			ABC Hedge Fund	Simon & Schuster	Mega Corp Stock		For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property hald for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Excelles Your personal residence, including second houses and vacation houses (surfess there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF box. If you ochoose, you may indicate that an asset or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all iRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the scoountshat exceeds the reporting thresholds.	Provice compale names of swors and mutual funds (do not use only ticker symbols).	production of income and enul is as interver value succeeding \$1,000 at the end of the reporting period; and (b) any other reportable asset or source of income which generated more than \$200 in income during the year.	Identify (a) each esset held for investment	Assets and/or income Sources	BLOCK A
			×	Ļ		胃	· · · · · · · · · · · · · · · · · · ·	F # 8					
				╀	-	-	None >		child in which you have no interest.	specify the method used. If an asset was sold d included only because it is be "None."	Ę.		
	-			3	H	\dashv	\$1,001-\$15,000	-1	**	y the	ž		
			-	definite		\dashv	\$15,001-\$50,000	1	y y	T Wall	5 5		
		 -		-	١,		\$50,001-\$100,000		hay s	90 S		<	
				+	F	_	\$100,001-\$250,000		9 PO 1				<u> </u>
			×	T	╁		\$250,001-\$500,000	_	nte a			9,	BLOCK B
				T	T		\$500,001-\$1,000,000 =	1	# .	up of constant method calls used tell immer value, possible of the method used. If an asset was sold during the reporting period and in included only because it generated income, the value should be "None."	indicate value of asset at close of the reporting period. If you	Value of Asset	Œ
							\$1,000,001-\$5,000,000 -	1	ş	pont	ğ	2	
				L	L	_	\$5,000,001-\$25,000,000	_	Š	#			
				-	H	\dashv	\$25,000,001-\$50,000,000 ×	_	ş		ᇫ		
				+	┝	-	Over \$50,000,000 SpouseDC Asset over \$1,000,000°	-		and a	ă		
_		 	-	╁	┢	-	NONE .	╅	_				
				+	١,	_	DIVIDENDS	-	generated no acome during	e de la composition della comp	<u>c</u>		
				╁	H		RENT	1	2		8	_	
				1	┢	T	INTEREST	1	5	TOUR STORY	1	Type of Income	
	П			\dagger	Γ		CAPITAL GAINS	1	3			2	BLOCK C
							EXCEPTED/BLIND TRUST		9		Š	Σ	Ä
							TAX-DEFERRED		5	y chec	Fore	ğ	
			Partnership Income	Royalties			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		,eporung	the Tax- net, and must be held in the sessi			
			L.	$oxed{\Box}$			None –			C Selection	, or a	-	
		 		$oldsymbol{\perp}$,	*	\$1-\$200 =			5 X 5 8 8			
	-	 		+-	┝		\$201-\$1,000 = \$1,001-\$2,500 <				ğ		
	-	 	-	<u>_</u>	┝	-		9		fno ir	호		
			×	1	<u> </u>	7	\$2,501-\$5,000 < \$5,001-\$15,000	3		if ref	ğ.		
				T	İ		\$15,001-\$50,000	.		waa waa	<u>\$</u>		
				L	L			[]		bed, r	- E		
		 <u> </u>		-	L	-	\$100,001-\$1,000,000			r apo	Ğ	>	
				╁	┝		\$1,000,001-\$5,000,000 × Over \$5,000,000 ×				. a g	3	
	\vdash			╁	┝	\dashv	Spouse/DC Income over \$1,000,000°			r dep	5	Amount of Income	F
,				t	T		None –	1		and a	. (<u>e</u>	EL CCX D
							\$1-\$200 =			ent cut	č,	8	
					[]	_	\$201-\$1,000			ioma ioma	Timely.	3	
			ļ	\perp	ļ.	4	\$1,001-\$2,500 <	ş		for a	ğ.		
	\vdash			×	\vdash	-	\$2,511-\$5,000 < \$5,01-\$15,000 \leq \$6) you	ŧ		
	\vdash		×	┿	\vdash	\dashv	\$2,501-\$5,000 < \$5,001-\$15,000	†		assets indicate the category of income by creating the appropriate box below. Devisients, interest, and capital galta, even if retirected, must be disclosed as income for seasts held in taxable accounts. Check "Yone" if no income was earned or generated. "Column XII is for essets held by your spouse or dependent child in which you have no interest.	₹		
	\vdash			+	\vdash		\$50,001-\$100,000	š		no in the	8		
							\$100,001-\$1,000,000	۱ ۱		tened axes			
				Ĺ	Ĺ	\Box	\$1,000,001-\$5,000,000 ×				ğ		
				_		_	Over \$5,000,000 🔀			90 H	욕		
	1		l	\perp	Į.		Spouse/DC Income over \$1,000,000° ≦	_[并是	₹		

Name: William compton

Assets an			J. C.									•						
Assets and/or Income Sources			ASSET NAME															
•		1	E	\vdash	<u> </u>											1	-	
	>	None 2										_	-				Ì	
		\$1-\$1,000																
<u> </u>	ဂ	\$1,001-\$15,000																
,	o	\$15,001-\$50,000				İ											1	
- ≦	m	\$50,001-\$100,000 r		<u> </u>														
	П	\$100,001-\$250,000				_												
Value of Asset	ெ	\$250,001-\$500,000											<u> </u>		<u>L</u> .			
: 88	I	\$500,001-\$1,000,000					<u> </u>											
*		\$1,000,001-\$5,000,000		<u> </u>	_					<u> </u>				$oxed{oxed}$				
	-			<u> </u>	ļ_	<u> </u>	 			↓			<u>L</u> .	<u> </u>		ļ	ļ	
_	*			_	<u> </u>		ļ	-	_	+	_		-				ļ	
—	_			 	├		 		-	-		<u> </u>	ļ- -	├-	-	 		
·	E			 			-		+	┿	ļ .		_	-		-	-	-
_		NONE		-	├		 		┼	+	├		_	<u> </u>				
-		DIVIDENDS		├	├	-	ļ			₩-		├		-	-	+		_
– ₹		RENT		-	├			<u> </u>	-	₩-	-	<u> </u>	-	-	-	1		
_		INTEREST		-	-					-	-		-	 		-		
e of ince		CAPITAL GAINS		 	├ ~		 -	_	 	↓	 	<u> </u>	_	├	-	╄	<u></u>	
Type of Income		EXCEPTED/BLIND TRUST	<u> </u>	<u> </u>			<u> </u>			↓	-	_			-	<u> </u>	<u> </u>	
₹		TAX-DEFERRED																
		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																
	Г	None —																
	1	\$1-\$200 =																
	4	\$201-\$1,000 =					<u> </u>		<u> </u>	<u> </u>	ļ		ļ	ļ	ļ	<u> </u>	ļ	
ما		\$1,001-\$2,500 <		-	ļ.,		ļ	<u> </u>	<u> </u>	↓		_	_	_			↓	
Ĭ	Ħ	\$2,501-\$5,000 <		1	-		_	-	<u> </u>		<u> </u>	<u> </u>		-		+	-	
3	Current Year	\$5,001-\$15,000 ≤ \$15,001-\$50,000 ≤		-	├	-	-		\vdash	-		\vdash	-	\vdash		-	_	
፩ ┃	Ę	\$15,001-\$50,000 ≦ \$50,001-\$100,000 ≦		\vdash	\vdash				-	-		 		┼	 	+	+	-
٦		\$100,001-\$1,000,000		1	 	 	\vdash	-	\vdash	\vdash		\vdash	 	+	+-	+	\vdash	-
≥	-1	\$1,000,001-\$5,000,000		 	†									 	 	+	†	-
Amount of Income	4	Over \$5,000,000 🗠		1	<u> </u>					<u> </u>	<u> </u>			<u> </u>	<u> </u>	1		
unt of in	1	Spouse/DC Income over \$1,000,000° ≧																
	Т	None -																
60	-1	\$1-\$200 =						L										
3	_	\$201-\$1,000 ==						oxdot						ļ			<u> </u>	
광	17	\$1,001-\$2,500 ~	 	<u> </u>				ļ	ļ	↓		_	<u> </u>	<u> </u>	-	-	<u> </u>	
8	18	\$2,501-\$5,000 <	.	_	ļ	_	<u> </u>	1_	<u> </u>	₩		<u> </u>	<u> </u>	1	-	<u> </u>	1	<u> </u>
\$	Preceding Year	\$5,001-\$15,000 ≤ \$15,001-\$50,000 ≦] ——	\vdash	-	-	<u> </u>	-	ļ	 	_		_	-	-	┼	├-	
"	Ę	_		\vdash	-		-	\vdash		_	-	 	-	-	 	+	-	_
翼	量	\$50,001-\$100,000 ≦ \$100,001-\$1,000,000 ≈		\vdash	-	\vdash				 	 -		\vdash	\vdash	┼	 		
	4	\$1,000,001-\$5,000,000 ×		\vdash	\vdash	 	\vdash	 	 	+	 	 	\vdash	\vdash	 	+	<u> </u>	-
	-1	\$1,000,00145,000,000		\vdash	\vdash			 	 -	 		 	 	\vdash	\vdash	+-		
1	-8	Spouse/DC income over \$1,000,000° ≧		\vdash	+		-	-	 	 	-	\vdash	 	+	\vdash	+-	 	
	_	Photospic armine over \$1000000.			1		ì	L	i		1	I	1		[]	l	<u> </u>

SCHEDULE C - EARNED INCOME

Name: Will AM COMPAN

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,845. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Туре	Am Current Year to Filling	Amount Braceding Year
		•	
	Honorarium	\$0 \$20,000	\$500 \$78.000
LXamples: Civi War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 NA	\$1,000 N/A
	591914	\$ 28.2 97	NS18€ \$
plum springs city	59199	MA	NIA

SCHEDULE D - LIABILITIES

Name: William Control Page	Page 2 of 1	
g the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting red by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence usehold furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	red during the reporting your personally lable); and	

exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period period. New Wembers: Members are required to report all liabilities secur Report liabilities of over \$10,000 owed to any one creditor et eny time durin (unless you rent it out or are a Member); loans secured by automobiles, how

 	 _			
		oc. if		
	Example			
	First Bank of Wilmington, DE	Creditor		
	5/19	Date Liability Incurred MO/YR		
	Mortgage on Rental Property, Dover, DE	Type of Liability		
		\$10,001- \$15,000	>-	
		\$15,001- \$50,000	G	
		\$50,001- \$100,000	c	
	×	\$100,001- \$250,000	9	
		\$250,001- \$500,000	m	Amount of Liability
		\$500,001- \$1,000,000	'n	를 다 다
		\$1,000,001- \$5,000,000	Θ.	
		\$5,000,001- \$25,000,000	Ŧ	
		\$25,000,001- \$50,000,000	-	
		Over \$50,000,000		
	-	Over \$1,000,000* (Spouse/DC Liability)	*	•

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

 				_
		, J	CH	
			4 Commissiones	Position
		4	City of Plum springs	
		:	Plum	
		, 6	Springs	Na
		4	Kentucky	Name of Organization
	<u> </u>			

SCHEDULE F -

employer. identify the date, parties continuation or deferral

_	_	_	_		_		
Date							
Parties							
Parties to Agreement							
7	-	:					
					j	_	
				! 			
7.							
Terms of Agreement							
ement							
		-					

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

Indicate Your Status: (Select One)	The Honorable Cheryl L. Johnson, Clerk Office of the Clerk, U.S. House of Representatives Legislative Resource Center B-81 Cannon House Office Building Washington, DC 20515-6601 Dear Madam Clerk:	OFFICE OF THE CLERK	2021 APR 21 AM 11: 47	LEGISLATIVE RESOURCE CENTER	1207 n n 1021
	This is to notify you that I have not yet raised (either through contrib	utions	or lo	ıns fr	o m
	myself or others) or spent in excess of \$5,000 for my campaign for th	e U.S.	Hous	e of	
Over \$5,000	Representatives.				
Threshold Not Exceeded	I understand that when I do raise or spend in excess of \$5,000 for my	-	_		
	Financial Disclosure Statement with the Clerk of the House of Repre-				_
l	the deadlines set out on pages 2 and 3 of the Financial Disclosure Inscopy of which has been provided to me by the Clerk.	tructio	и вос	киет, а	L
ſ	This is to notify you that under the laws of the state of				
	I withdrew my candidacy for the U.S. House of Representatives on _				<u> </u>
Withdrawal of Candidacy	[Note: If your Financial Disclosure Statement was due before the date withdrew from the race, you still must file a Financial Disclosure State		-		ouse.]
	Name (Please Print or Type): William Dakoth Co	mft	on	-·	
	State: Kentucky District: 02				
	Date: AP(1) 4, 2021				

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)